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Introduction

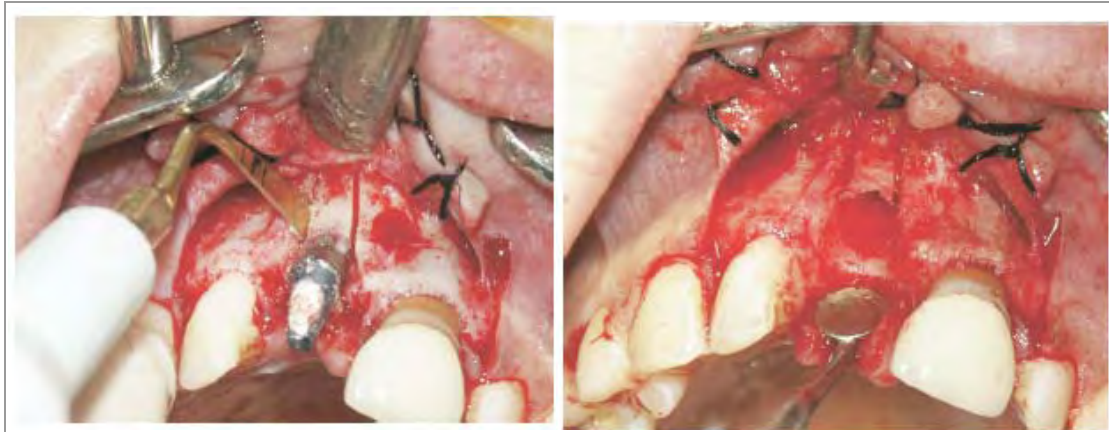
- The **ultrasonic lancet** is able to
 - cut out hard tissue with precision
 - facilitate the cleavage of solid interfaces
- Particular indications
 - 1、 nontraumatic removal of osseointegrated implants
 - 2、 chin bone harvesting
 - 3、 retromolar bone harvesting
 - 4、 inferior alveolar nerve lateralization
- This study presents these **applications in detail** and discusses their **advantages and disadvantages** compared with former techniques.



Ultrasonic Lancet and Removal of Osseointegrated Implants

- An **osseointegrated** implant
 - resist in torsion to forces of greater than 90 N
 - removal
 - great difficulties in breaking the bone/implant interface
 - high risk of fracture of the peri-implant osseous walls
- Osseointegrated but **ectopic** implants
 - necessary to eliminate → prosthetically unusable or major esthetic damage
- Ultrasonic lancet
 - make 2 thin vestibular or lingual trenches on each side of the implant
 - give flexibility to the osseous wall
 - ultrasonic vibrations will favor the cleavage of the solid bone/implant interface
- The risk of **fracture of the peri-implant osseous walls** remains important, particularly during the **extraction phase** itself, because this phase requires applying consequent twisting forces on the implant and on the alveolar

bone.



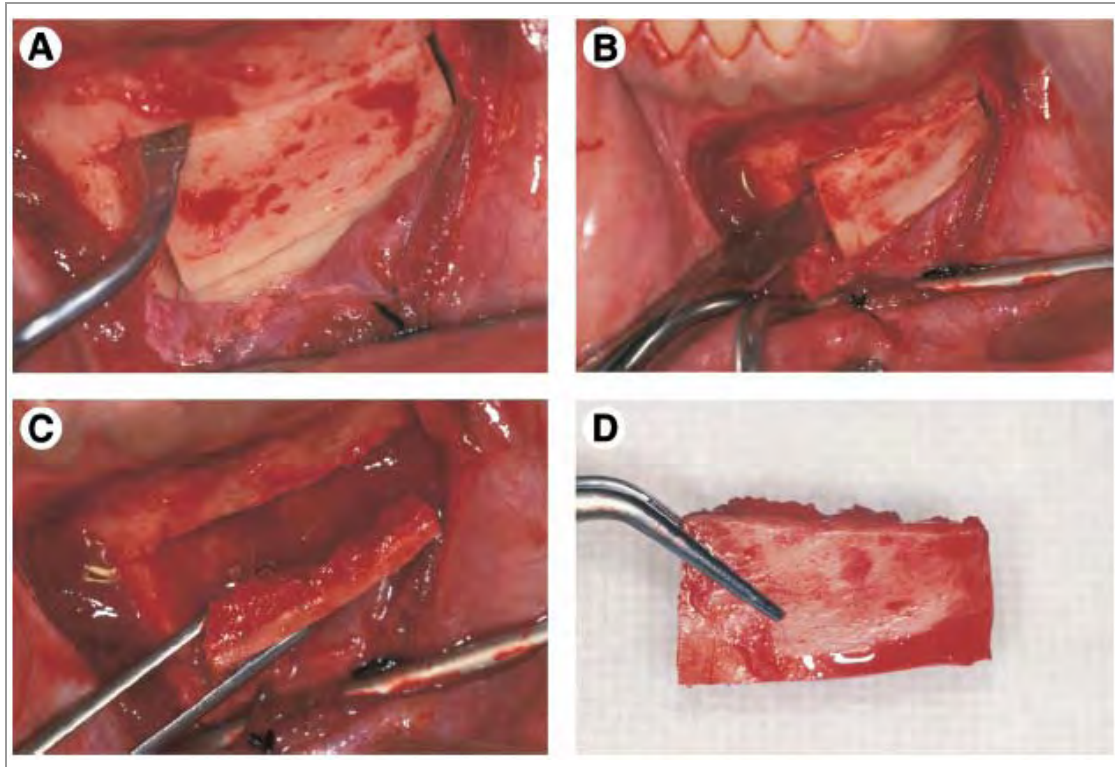
Ultrasonic Lancet and Chin Bone Harvesting

Conventional instrument

- For a conscious patient, there is a particularly **unpleasant** moment when the practitioner, after having cut the graft's limits, uses the **bone chisel** to remove the bone fragment from the mandibular body.
- Every **hammer** blow echoes violently into the patient's head, and after the intervention, this traumatic recollection can darken all the practitioner's efforts in decreasing the intraoperative sufferings.

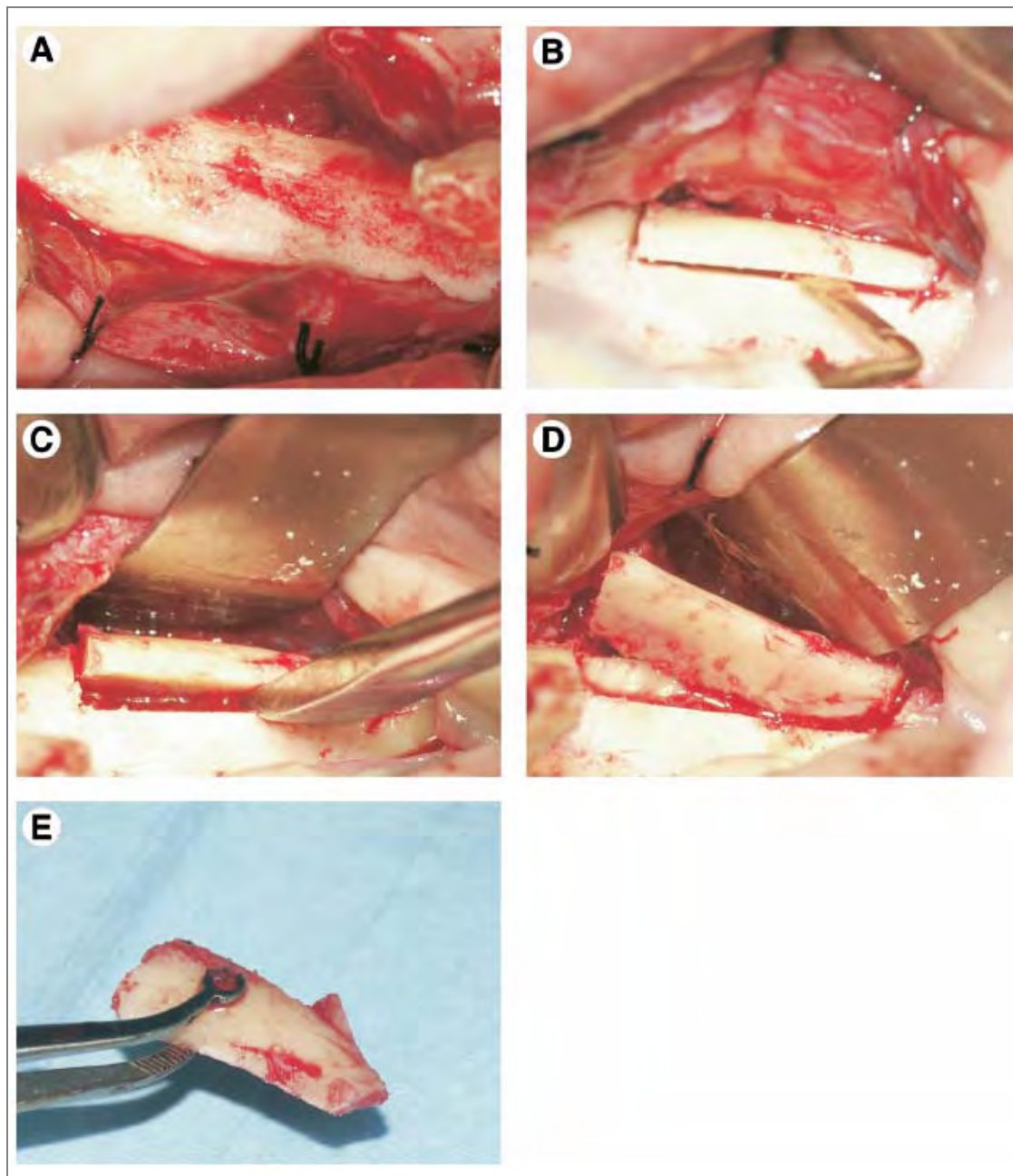
Ultrasonic lancet

- Make the graft demarcation – thinner than bone drill, deeper than cutting disc
- Ultrasound vibration transmission through the graft induces, little by little, a fracture of the solid interface between the cortical plate and the underlying medullar tissues.
- Provides security to the practitioner in regard to **patient comfort** and the **prognosis** of his intervention
- By decreasing the number and the intensity of the chisel strokes needed for the cleavage of the cortical plate, the risk for fracture is **reduced**
- Even if the bone chisel is needed on occasion to finish the separation of the graft, the impacts that are made are very moderate



Ultrasonic Lancet and Retromolar Bone Harvesting

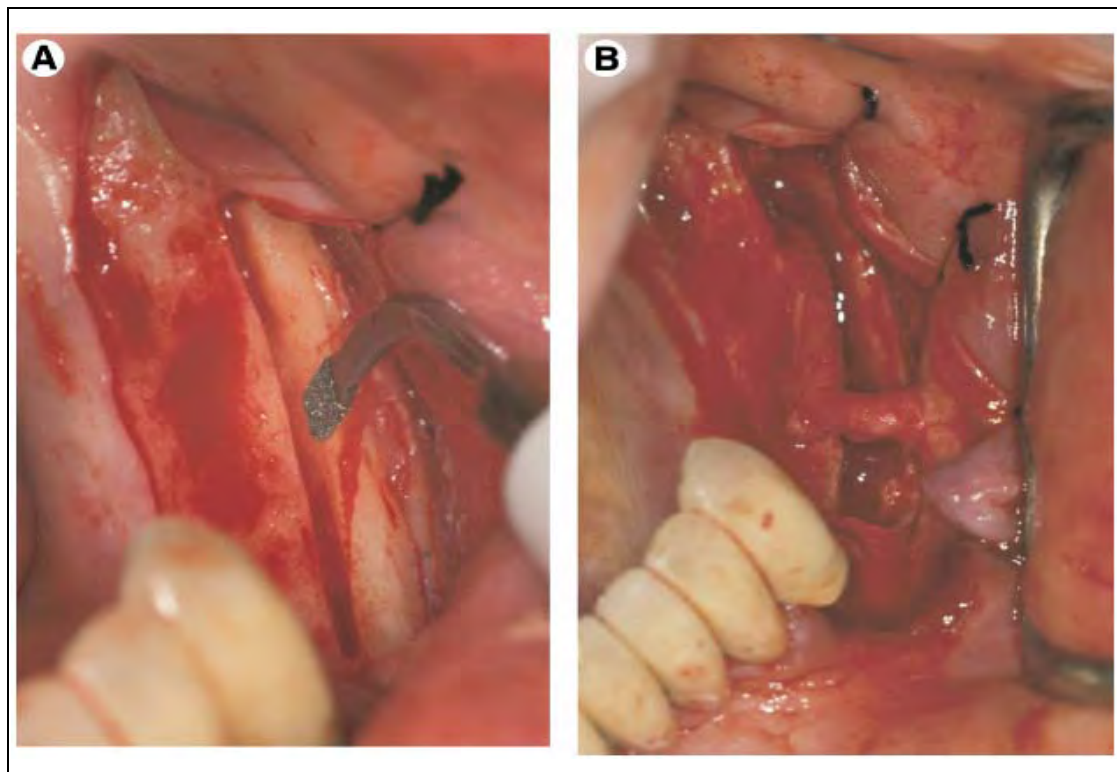
- Retromolar bone
 - situated on the mandibular body in the mandibular branch continuation
 - more **difficult** to access than the chin
 - collection of **longer** and **thicker** fragments than the chin
 - situated on the **force convergence area** of the mandible,
 - easily reconstitute itself under the influence of mechanical stimuli
- The problem of retromolar harvesting is **similar** to chin harvesting
- Ultrasonic lancet
 - offers the certainty of avoiding damage to nearby tissues



Ultrasonic Lancet and Inferior Alveolar Nerve Lateralization

- Main difficulty of the lateralization of the inferior alveolar nerve
 - initial release of the nerve
 - necessary to decorticate it, without any damage, up to the mental foramen
- This bone foramen must be eliminated to
 - avoid risk of constriction of the nervous pedicle during the lateralization of the nerve

- Ultrasonic lancet
 - allows a secure bone cut
 - easy access to and release of the nerve
 - cutting power only at the end of its insert
 - used in inaccessible sectors without damaging the neighboring tissues
 - weak cutting power → risk for accidental damage is reduced
- Ultrasonic vibrations
 - make the cortical plate cleavage easier from the soft structures that are underneath
- The microabrasive oscillations of these inserts will
 - provide more precise information to the surgeon about the hardness of the encountered tissues than a turbine or a hand-piece
 - reduce errors of the estimated cutting depth



Discussion

- The main disadvantage for the ultrasonic lancet in bone harvesting
 - inefficacy and fragility when facing very dense bone tissues
- The major part of our harvesting comes from very cortical sectors
 - the main indication of the ultrasonic lancet is more or less its main contraindication
- To adapt to this lack of efficacy in front of hard bone tissues

- **Progressing more slowly** and **without force**, the most cortical bones always weaken
- Despite this inadequacy, the ultrasonic lancet remains the **best** instrument available to realize bone harvesting, even for very dense cortical bones.

Conclusion

- The ultrasonic lancet belongs to the category of tools that transform delicate operations into easy and perfectly mastered procedures.